WORKERS' COMPENSATION INSURANCE
COVERAGE INFORMATION

MUST BE COMPLETED AND ATTACHED TO ALL APPLICATIONS FOR BUILDING PERMIT

Are you a Contractor within the meaning of the Pennsylvania Workers' Compensation Law? (Check One)……..☐ YES ☐ NO

Are you the property owner of the property at which the work under this permit will be done? (Check One)……..☐ YES ☐ NO

If a Contractor, complete the following:

Name of Application: _____

Trade Name & Address: _____

Federal or State Employer Identification No. _____

Are you a qualified self-insurer for workers' compensation? (Attach Certificate): _____

Name of Workers' Compensation Insurer: _____

Workers' Compensation Insurance Policy No. (Attach Certificate): _____

If you are not claiming an exemption from providing workers' compensation insurance, do not complete the next section, but enter your signature, address, and telephone number in the space provided below.

IF YOU ARE CLAIMING AN EXEMPTION FROM PROVIDING WORKERS' COMPENSATION INSURANCE,
COMPLETE THE FOLLOWING AND HAVE IT NOTARIZED.

The Contractor swears or affirms that he/she is not required to provide workers' compensation insurance under the provisions of the Pennsylvania Workers' Compensation Law for one of the following reasons, as indicated (check one).

☐ Contractor with no employees. (Contractor prohibited by law from employing any individual to perform work pursuant to this building permit unless contractor provides proof of insurance to the Township.)

☐ Religious exemption under the Workers' Compensation Law.

Signature of Application _____

Address: _____

Telephone :_____

State of:_____

County of:_____

Subscribed and sworn before me this

_____day of _____, _____.

_____
(Signature of Notary Public)

My Commission Expires:_____

NOTES